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| Applicant | Cliff Zitlaw | INFORMATION DISCLOSURE STATEMENT TRANSMITTAL (LARGE ENTITY) JAN 31 2002 TRADEMARK OFFICE |
| Serial No. | 09/43,476 | |
| Filing Date | August 30, 2001 | |
| Group Art Unit | 2185 | |
| Examiner Name | Unknown | |
| Attorney Docket No. | 400.125US01 | |
| Title: PROCESSING SYSTEM WITH DIRECT MEMORY TRANSFER | | |

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Commissioner for Patents
Washington, DC 20231

| Enclosures | | | | | |
|--|--|-----------|--|-----------|----------------|
| The following documents are enclosed: X An Information Disclosure Statement (1 pg.); Form 1449 (1 pg.); copies of 12 cited references listed thereon. X A return postcard. Please charge any additional fees or credit any overpayments to Deposit Account No. 501373. CUSTOMER NO. 27073 | | | | | |
| Submitted By | | | | | |
| Name | Russell D. Slifer | Reg. No. | 39,838 | Telephone | (612) 312-2202 |
| Signature |  | | | Date | 1/8/02 |
| Attorneys for Applicant Fogg Slifer, Polglaze, Leffert & Jay, PA P.O. Box 581009 Minneapolis, MN 55458-1009 T - 612/312-2200 F - 612/312-2250 | | | | | |
| Certificate of Mailing | | | | | |
| I certify that this correspondence, and the documents identified above, are being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, Washington, D.C. 20231 on <u>January 9, 2002.</u> | | | | | |
| Name | Frayda M. Nitschke | Signature |  | | |



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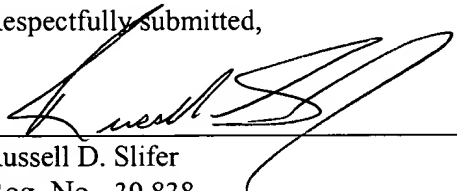
In compliance with 37 C.F.R. §§ 1.56 and 1.97, *et seq.*, the materials listed on the attached Form 1449 are brought to the attention of the Examiner for consideration in connection with the above-identified Application. Applicant respectfully requests that this Information Disclosure Statement be entered and the references listed on the attached Form 1449 be considered by the Examiner and made of record. Pursuant to MPEP §609, Applicant requests that the Examiner initial next to each reference on the Form 1449 to indicate that the listed references have been considered. Applicant further requests that a copy of the initialed Form 1449 be returned with the next official communication.

Under 37 C.F.R. § 1.97(b)(3), it is believed that no fee or certificate is required with this Information Disclosure Statement. However, if an Office Action on the merits has been mailed, the Commissioner is hereby authorized to charge any fees deemed necessary or credit any overpayment to Deposit Account No. 501373.

The Examiner is invited to contact the Applicant's Representative at the below-listed telephone number if they are any questions regarding this communication.

Respectfully submitted,

Date: 1/8/02



Russell D. Slifer
Reg. No. 39,838

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